

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2 2

2. STATE:

MONTANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07/01/01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 665,803.50b. FFY 2003 \$ 671,115.50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19B, SERVICE 24.a, PAGE 1 OF 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):ATTACHMENT 4.19B, SERVICE 17.a, PAGE ⁴²1 OF 2

10. SUBJECT OF AMENDMENT:

UPDATING REIMBURSEMENT INFORMATION

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
SINGLE STATE AGENCY DIRECTOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

GAIL GRAY

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

09/14/2001

16. RETURN TO:

DPHHS
GAIL GRAY, DIRECTOR
PO BOX 202951
HELENA MT 59620-2951

ATTN: JEAN ROBERTSON

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 25, 2001

18. DATE APPROVED:

Oct. 3 1, 01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 24, 2001

MONTANA

- I. Reimbursement for Transportation Services will reimburse Medicaid providers for transportation services based on the lower of:
- a) the provider's usual and customary charge; or
 - b) the Department's fee schedule.

Reimbursement for ambulance services are comprised of a base rate for the category of service plus a separate payment for mileage and certain supplies.